



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5043 Name Gilbert Martin Corps Meth.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *Gilbert Martin*
2. What is your full Address? 2. *Coleys Pt. C. Bay*
3. Are you a British Subject? 3. *yes*
4. What is your age? 4. *21* Years Months
5. What is your Trade or Calling? 5. *Labourer*
6. Are you Married? 6. *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, * which? } 7. *no*
8. Are you willing to be vaccinated or re-vaccinated? 8. *yes*
9. Are you willing to be enlisted for General Service? .. 9. *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. *yes*

I, *Gilbert Martin* do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

15/5/18 *Gilbert Martin* SIGNATURE OF RECRUIT.

J. J. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Gilbert Martin* do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *St. John's* on this *15* day of *May* 191*8*

Signature of Attesting Officer *Ed. [unclear]*

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date *May 15* 191*8*

Place *St. John's* } Approving Officer.

The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 † Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5043

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Robert Martin
 Apparent age 21 years 11 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Henry Martin
Cozy Pt Co Bay | Relationship Father
 Particulars as to Marriage _____

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a) _____ (b) _____ (c) _____ (d) _____

Particulars as to Children

Christian Names _____

Date and Place of Birth _____

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>15-5-18</u>									<u>Lance Cpl 12 2/79</u>	
Joined <u>M. Co's</u> on <u>15-5-1918</u>										
Discharged <u>July 11, 1919</u>										
<u>Embarked on his train to Halifax N.S.</u>									<u>11-6-1918</u>	
<u>Embarked for Det. 26-10-18</u>										
<u>Re-embarked home 26-10-18</u>										
<u>Joined Battalion 3.11.18.</u>										
<u>Transport from Spain 22 2/79</u>									<u>Arrived back Oct 23 7/9</u>	
<u>Discontinued for demobilization 22-5-1919</u>										
<u>Arrived home fresh blood 12-6-1919</u>										
<u>Demobilization at home 11-7-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>11-7-1919</u> (date of discharge)										1 yrs 58 days
Pension " " " " " "										

C.R. 5043

Extract from daily orders part 11 Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
11-7-19.

5043, L/C. Gilbert Martin.

C.R.

5043

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
Depot St. John's, June 28th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 28-6-19.

5043 L/Cpl. Gilbert Martin.

C.R. 5043

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 18th 1919.

Reported at Headquarters

ex "Corsican"

which sailed Liverpool May 22/1919.

5043, L/C. G. Martin.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5043

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19; embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5043 L/Cpl. G. Martin.

C.R. 5043

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
By Lt. Col., T.G. Mathias, D.S.O. Commanding 1st Batta. 3-11-18.

The following joined the ^Batta. 3-11-18.

5043 Pte. G. Martin.

G Coy.

C.R. 5043

Extract from ^{Serial} Naval Roll Re-inforcement No. 55, Embarked Folkestone, 25/10/19
from 2nd Batta, Royal Newfoundland Regiment, Haslemey Down Camp, Winchester,
to 1st Batta, Royal Newfoundland Regiment, B.S.F.

5043 Pte. Martin, G.C.

C.R. 5043

Extract from Daily Orders part II, in the field,
dated 15-2-19.

Promotions and appointments.

#5043 Pte. G. Martin.

APP. L.CPL. 12-2-19..

C.R. 5043

Extract from Daily Orders # rt11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14, 1918

#5043 Pte. C. Martin.

Embarked for overseas with draft June 11th, 1918.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's dated May 16th, 1916.

#5043 Pte. G. Martin.

Attested for General Service with the Royal Newfoundland Regt.
dated from 15.5.16.

C. Martin

C.R.

5043

~~1280~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *50473* 3. Rank. *S/Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Martin* } *Silbert* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *May 15/18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (a) When (d) Particulars of Pension or Gratuity (If any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *no.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

The complainant has disability

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *no.*
18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *no.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *no.*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
signed W. Brown
1919
Capt R.A.M.B.

Station *Bozely D. Camp*

Date *29-4-19*

Medical Officer in charge of case.

Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



FORM K

No 4402



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gilbert Martin, Regl. No. 5043

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Five Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins

8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4168</u>	<u>Mother</u>	<u>Mrs Henry (Elizabeth) Martin</u>	<u>Boley's Point Bay Roberts</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) A. Summers Lt.
Officer Commanding
B. Company
A. Johns
8-6-1918

(Sig.) Gilbert Martin
(Rank) Private

To:— The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:—

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
5043	Lt	Martin C	\$250	G. Karlsen

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

G. Karlsen

81
No. 6675/1034

6

599621

NEW 179.

From. NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office.
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding
and Batt. Ryl. ^{Corps} Nfld. Regiment
Winchester

3rd May 1919

May 21st 1919

5043 L/Cpl. Martin G.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (188)

Waltering Copie for
Officer Commdg. 1/2 Batt'n.

"Pay to 5043 G. Martin
£10-0-0

Received the sum of Ten pounds
(£10-0-0) in respect of
telegraphic remittance from the
Minister of Militia.

Cheque £10-0-0 is enclosed,
for payment to this Soldier.
Kindly obtain his receipt
hereon.

G. Martin

Chief Paymaster & O. i/c Records.

No. 5043 Frank Sept

Witness

[Handwritten signatures and initials]

Martin, G.

5043

Ray & Dept.

July 11, 1919

#5043 L/C. Gilbert Martin,

Coley's Point, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate #2934.

Yours truly

Captain
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5043 Rank L. Cpl Name Martin Gilbert
 Intended place of residence Collyer Pt. H. main
2. Occupation Fisherman
 Classification of soldier F Medical Category H1
3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date JUN 26 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 24 1919
 Signature of soldier G. Martin
 Signature of witness A. M. Houston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
JUN 24 1919
 Signature of soldier G. Martin
 Signature of witness J. M. Chaucey

STATEMENT OF SERVICE

7. Enlisted for service 15-5-18 No of days on Military
 Discharged from service 29-6-19 PLUS 14 DAYS Service 423

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
JUN 27 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. John's, Nfld.
 Date July 11/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

2079/2934

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5005 Rank Sgt Name Martin Gally
 Date of Enlistment 15-5-18 Address Collyer St District St. John's
 Occupation Soldier Classification for Discharge B Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.P. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 26-1-19 O. C. Discharge Depot. J. Martin

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Not in a position to resume civilian occupation.

J. Martin

Particulars passed to Vocational Officer for information and action.

Date 24-6-19

J. A. Gally

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 60.00

(b) Clothing Supplied _____

M. G. Gally

Date 2-6-19

O. i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 14-19-79 to his home at Bury, Robt and Release Certificate No. 2974 issued

Date 26-6-19 *[Signature]*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-7-19

Date 26-6-19 *[Signature]*
Depot Paymaster.

Discharged approved for 27-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.P. P36	B 288	B 121	1	N.F. Med	D.F. 1	<i>[Signature]</i>
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B179c	B 120	M 93				

Date 26-6-19 *[Signature]*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date JUN 27 1919 *[Signature]* MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

The Royal Newfoundland Regiment

Class for Demobilization:

7
6

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: 24.6.19

Regimental No. 5043

Name: Martin Gilbert Rank: Rifle

Address: Coley's Point

Present Medical Category: A-1

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

RH Last Major

(O.C.) Discharge Depot.

Members of Board

Watson
Senior Medical Officer

Leitch Burden
M. O. Depot

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To train as a wireless operator.

G. Martin

Signature of Man.

H. Butler

Signature of the Vocational Officer or his Representative.

Reg. No. 5043

Place

St John's

Date

June 26th 1919.

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Martin

OF

Christian Name Jubest

Table I.—GENERAL TABLE.

Birthplace:—Parish Carleton Place, Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	May		191
	at	St. John's	at	
Declared Age...	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5 1/2	inches
Weight	133 lbs.			lbs
Chest Measurement	Girth when fully expanded... 36 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. B. B. B.</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	15	day of	May
		191	on	day of
				191
Joined on Enlistment...	Corps.	Regtl. No.	Corps.	Regtl. No.
	Regular	5013		
	Nfld. Regt.			
Transferred to..				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

The Royal Newfoundland Regiment

DISEMBARKATION TICKET

Group No. 2
No. 5043 Rank Lt Name Markus G
Address Coley Pt

PASS. You are granted permission to be absent from Depot
until JUN 12 1919 on which date you will report
for demobilization, (see over)

EMPIRE BARRACKS
ST. JOHN'S, N.F.

R. H. Sait

COMMANDING DISCHARGE DEPOT

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P. or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*. Former Trade or Occupation } *Fisherman*
2. Regt. No. *5043* 3. Rank... *S. Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Martin Gilbert* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday... *22*
6. Posted for duty on *May 15/18* at... *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }

na.

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

na.

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaint of disability.

16. Was an operation performed? If so, when and what was its nature?

na.

17. If not, was an operation advised and declined?

na.

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na.

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. E. Procter

Capt. Rowe

Station ... *Hazleydown*

Medical Officer in charge of case.

Date ... *27/4/19*

Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

Casualty Form - Active Service.

Regiment or Corps... ROYAL NEWFOUNDLAND REG.

Rank... Pte Surname Martin Christian Name Gilbert

Religion Method Age on Enlistment 21 years 12 months

Enlisted (a) 12/21/18 Terms of Service (a) DURATION Service reckons from (a) 12/21/18

Date of promotion to present rank... Date of appointment to lance rank...

Extended { } Re-engaged { } Qualification (b) Private
or Corps Trade and Rate

Occupation Soldier Signature of Officer H. M. Guinness

RFB 1918

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked		26 OCT 1918	
		Disembarked		3 NOV 1918	
		Appointed L. Corp		12/4/19	B 213 12/4/19
		Arrived in UK		20/1/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c (17791) Wt. W 107 - P 1124, 1,000,000, A/18, U.S. Form B-103, (E-1855)

top kin father, Henry Martin Coley's Lt. Col. Apple



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Martin, Gilbert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5043*

Intended address *Colley Pt*

Height on discharge *5 Feet 7*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Henry*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Cartwright 1897 June 3rd*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *G. Martin*

(Rank) *Lt*

Station *St John's* Date *23.6.19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

July, 12, 1919

#5043 L/C. Gilbert Martin,

Coley's Point, C.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due you
on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster in Charge Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *J. Albert* 2. Surname... *Martin*

3. Rank... *Lt.* 4. Regt. No. *5043*

5. Address in full to which future payments of gratuity are to be forwarded... *Colby's Point*

Bay Roberts

6. Date of enlistment in the Regiment... *May 15th 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

Not Applicable

8. Relationship of such dependant... *Not Applicable*

9. Address in full of such dependants... *Not Applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier... *Not Applicable*

11. Were you on active service only in field, if so, give dates and particulars of such service... *Not Applicable* *In*

12. Give total length of time which you served on active service, whether in field, or overseas... *One year two months 17 & 22 mts*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *No.*

15. Have you been issued with a War Service Badge?.....

..... *No.*

16. Have you, during the present war, served in the Imperial Forces?
17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

..... *No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

..... *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

..... *Not Applicable*

19. Are you now serving in the Rest.?..... If not give:- (a) Date of discharge... *27/6/19*

..... (b) Reason for discharge *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

..... *No.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

..... (a) *Yes.* (b) *No.*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Gilbert Martin*
 Place of Residence: *Coleys Point Bay Roberts*
 Declared before me at: *St Johns*
 This *27th* day of *June* 19*19*.....

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of Affidavits.

Wm James R.P.

POST DISCHARGE PAY.

Date paid	paid Soldier, Dependent	War Service Gratuity	Net amount due
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.....

Certified correct.

Paymaster

Signature of Barrister of the

No. 4402



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gilbert Martin, Regl. No. 5043

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Eighty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz :

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4118	Wife	Mrs Henry (Elizabeth) Martin	Hobley's Point Bay Roberts	50
Total Allotment, \$				50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Signed: W. Summers Lt
 Officer Commanding
B Co Company
St. Johns
8-6-1918

(S) Gilbert Martin
 (Rank) Private

ST. JOHN'S, June 26/19

Royal Newfoundland Regiment.

Billeting Account,

To L/cpl G Martin

Billeting Soldiers as undermentioned

from June 1/19 to June 27/19

3043 L/cpl. G Martin 28 20

BVM	
ACCOUNT	
CH. NO. <u>24950</u>	INITIALS <u>GM</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for 28.20

W. Blouston
Billeting Officer.

G. Martin

Blk.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



OCT 5 1921.

The accompanying Victory Medal and/or British War Medal
is/are forwarded herewith to

Gilbert Martin

in respect of his service as No. 5043 Rank R/C
~~Pvt~~

Name G. Martin Royal Nfld. Regt.
~~Nfld. Infantry~~

Receipt of the same should be acknowledged hereon.

Received 22/10/20

Signature Gilbert Martin

Date 17: 10 20

Address Coley's Point Bay Roberts

[P.T.O.]

Receipt for Army Book 64

No. 5043 Name H. Martin

To Certify that I have received the AB 64 of the above
named soldier.

Date Aug 7th 1920 Name Henry Martin
Place Caley's Point

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

WJ

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
20.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company C. A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5043</u>	Age on	21 years	<u>Asst. Gunner</u>	
	<u>Martin Gilbert</u>		months		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date		<u>18.5.18</u>	<u>Meth.</u>	
Joined	Date	Period of } with Colours / ⁵³ / ₃₈ years. with Reserve / ³⁸ / ₃₈ years.		Place of Birth	
Joined	Date			<u>Colony P. R. Bay</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>11</u>	<u>7</u>		<u>19</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

9 13
3043

DEMOBILIZATION OF

Reg. No. 5043 Rank Sgt Name George Gilbert
 Date of Enlistment 15-5-18 Address Caley St District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. P38	B 288	B 121	N. F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date: 26-11-19 O. C. Discharge Depot. Mrs. H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am, not in a position to resume civilian occupation.

G. Martin

Particulars passed to Vocational Officer for information and action.

Date: 27/11/19 *Howell*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60.00
- (b) Clothing Supplied Mildred St

Date: 26-11-19 O i/c. Re-clothing Mildred St

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 19-19-19 to his home at 1001 1/2 1st St. N.W. Washington, D.C. and Release Certificate No. 1977 issued.

Date 26-6-19 J.M. Chuter
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date 21-1-19 J.M. Chuter
Depot Paymaster.

Discharge approved for 27-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	
B 178	W 3194	B 122		Board 1st	" 2	1
B 178a	D 400A	1915	1	do 2nd	" 3	1
B 179	D 400B	Form L		do 3rd	" 4	2
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 26-6-19 J.A. Newbapt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 27 1919 R.H. [Signature] MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date July 9/19 J.M. Chuter
[Signature]

Reg. No. *5043* Rank *LT* Name *Martin, G.*
Attested Addre. *Coley's Point*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

26-6-19
27-6-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION